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<b>SERIAL NUMBER</b> 09/282,747	<b>FILING OR 371(c) DATE</b> 03/31/1999 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 1796	<b>ATTORNEY DOCKET NO.</b> 99-007
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/219,267 12/23/1998  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 04/27/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 74	<b>INDEPENDENT CLAIMS</b> 32
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

22927

**TITLE**

METHOD AND APPARATUS FOR PROVIDING CROSS-BENEFITS BASED ON A CUSTOMER ACTIVITY

<b>FILING FEE RECEIVED</b> 2737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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